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Bib Data Sheet

CONFIRMATION NO. 7507

<b>SERIAL NUMBER</b> 09/980,770	<b>FILING DATE</b> 11/01/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 740789-052110
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLICATION IS A 371 OF PCT/GB00/01675 05/02/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
UNITED KINGDOM 9910019.0 05/01/1999  
UNITED KINGDOM 9916499.8 07/15/1999  
UNITED KINGDOM 9919677.6 08/20/1999  
UNITED KINGDOM 9923110.2 10/01/1999  
UNITED KINGDOM 0003711.9 02/17/2000

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
26770

**TITLE**  
Method of analysis of medical signals

<b>FILING FEE RECEIVED</b> 774	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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